

Foster Family Home - Corrective Action Report

Provider ID: 1-190068

Home Name: Maria Ross, RN

Review ID: 1-190068-1

98-562 Kaimu Loop

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 8/22/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 8/22/19. Corrective Action Report issued during home inspection with all items due to CTA by 9/22/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

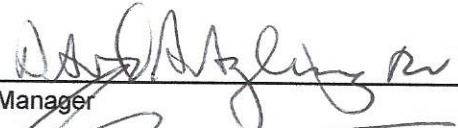
41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

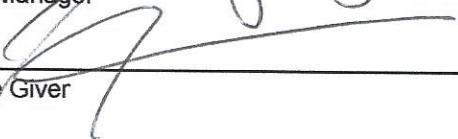
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(1) - No approved SCG.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1.


Compliance Manager


Primary Care Giver

8/22/19
Date

8/22/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Maria Ross**

CCFFH Address: **98-562 Kaimu Loop, Aiea, HI 96701**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(1) 41.(b)(8)	I sent CTA compliance manager all paperwork for my SCG and a current Blood Borne Pathogen certificate from CG #1 and placed all items in my CCFFH binder.	9/9/19	I will have required paperwork for all CG's at the time I hire them. I will keep all required items in my CCFFH binder.

Primary Caregiver's Signature: _____

Print Name: **Maria Ross**

Date of Signature: 9/9/19